

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET

SERIAL NO.

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT	
	IND	DEP	IND	DEP	IND	DEP
1	/					
2		/				
3						
4						
5						
6	X	X				
7		/				
8						
9		/				
10		/				
11	/					
12						
13		/				
14						
15		/				
16	X	X				
17		/				
18	/					
19						
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22						
23						
24						
25						
26						
27						
28	X	X				
29	X	X				
30	X	X				
31	X	X				
32	X	X				
33	X	X				
34	X	X				
35	X	X				
36	X	X				
37	X	X				
38	X	X				
39	X	X				
40	X	X				
41	X	X				
42	X	X				
43	X	X				
44	X	X				
45	X	X				
46	X	X				
47	X	X				
48	X	X				
49	X	X				
50	X	X				
TOTAL IND.	3					
TOTAL DEP.	92					
TOTAL CLAIMS	28					

	IND	DEP	IND	DEP	IND	DEP
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100						
TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						